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September 30, 2003

FILE: 11882.0025.NPUS00

CERTIFICATE OF EXPRESS MAILING
NUMBER EV318625637US
DATE OF DEPOSIT September 30, 2003
I hereby certify that this paper or fee is being deposited with the United States Postal Service "EXPRESS MAIL POST OFFICE TO ADDRESSEE" service under 37 C.F.R. 1.10 on the date indicated above and is addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Signature

MAIL STOP PATENT APPLICATION
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RE: *U.S. Patent Application Entitled: BLOOD PUMP SYSTEM AND METHOD OF OPERATION – by Gino F. Morello*

Sir:

Transmitted herewith for filing are:

(1) 40-page patent specification with 31 claims and an abstract (also Figures 1-18 on 14 sheets);
(2) Declaration;
(3) Application data sheet;
(4) Assignment cover sheet and assignment; and
(5) Fee transmittal sheet

Pursuant to 37 C.F.R. § 1.10, the Applicants request the Patent and Trademark Office to accept this application and accord a serial number and filing date as of the date this application is deposited with the U.S. Postal Service for Express Mail.

Please date stamp and return the enclosed postcard to evidence receipt of these materials.

Please forward any reply to this communication directly to our Houston office for docketing purposes. The mailing address and the physical address for courier packages is 750 Bering Drive, Houston, Texas, 77057-2198, and the Houston fax number is 713.787.1440.

Respectfully submitted,

Mark L. Gleason
Reg. No. 39,998

MLG:
Encl: as noted



FEE TRANSMITTAL

Electronic Version v08
Stylesheet Version v08.0

Title of Invention	BLOOD PUMP SYSTEM AND METHOD OF OPERATION

Application Number:
Date:
First Named Applicant: Gino F. Morello
Attorney Docket Number: 11882.0025.NPUS00

TOTAL FEE AUTHORIZED $556

Patent fees are subject to annual revisions on or about October 1st of each year.

Filing as small entity

BASIC FILING FEE

Fee Description	Fee Code	Amount $	Fee Paid $
Utility Filing Fee	2001	375	375
		Subtotal For Basic Filing Fee:	$375

EXTRA CLAIM FEES

Fee Description	Extra Claims	Fee Code	Amount $	Fee Paid $
Total Claims: 31	11	2202	9	99
Independent Claims: 4	1	2201	42	42
			Subtotal For Extra Claims Fees:	$ 141

ASSIGNMENT FEES

Fee Description	Property Number	Quantity	Fee Code	Amount $	Fee Paid $
Recording Each Patent Assignment Per Property Fee	00000000	1	8021	40	40
				Subtotal For Additional Fees:	$40

AUTHORIZED BILLING INFORMATION

The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit account number: 012508

Deposit name: Howrey

Deposit authorized name: Mark L. Gleason

Signature:

Date (YYYYMMDD): 2003-09-30

Charge Assignment Fees Required Under 37 C.F.R. Section 1.21 (h).

Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.